

Pre-Authorization Request for Forensic Community Services

To: _____ (Forensic Specialist)

From: _____ (CMHC or RMHI Forensic Coordinator)

Name of Defendant: _____

Social Security #: _____ - _____ - _____ Date of Birth: _____

We request approval for the following level of services:

**A. Level I – Follow up of defendant found competent but with a mental illness
(No Pre-authorization Required)**

B. Level II – Requires additional intervention to complete evaluation and/or prevent hospitalization

Adults:

- Physician services (medication management or consultation) _____
- Competency training sessions (must have competency issues related to mental illness – MR services paid for by DIDD) _____
- Other mental health assessment (specify) _____

Juveniles:

- Competency training sessions (must have competency issues related to mental illness – MR services provided by DIDD) _____

C. Level III – Competency Training/Maintenance for defendant charged with misdemeanor*

- Misdemeanor charge _____
- Number of sessions requested (Maximum of 12) _____
- Recommended by _____ Mental Health Institute (Letter attached)

D. Level IV- Court Ordered Competency Training/Maintenance for defendant charged with felony (T.C.A. §33-7-401*)

- Felony charge: _____
- Number of sessions requested (Maximum of 12) _____
- Court granting approval: _____

Date Received in Central Office

TDMHSAS Forensic Specialist

Approved

Total # of Sessions Approved

Denied

Reason for Denial

* Plan and/or court order to be submitted at the time authorization for payment is requested.

